

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee Calder Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 24 / 2014</div> </div>	
Mailing Address PO Box 552			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
City Portland	State MI	Zip Code 48875	Transaction ID : SE.4545 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Purpose of Expenditure Contract Labor for State Election Consulting		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate TERRI LYNN LAND			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Calder Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 24 / 2014</div> </div>	
Mailing Address PO Box 552			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>	
City Portland	State MI	Zip Code 48875	Transaction ID : SE.4546 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 22 / 2014</div> </div>	
Purpose of Expenditure Contract Labor for State Election Consulting		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate TERRI LYNN LAND			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">73003.51</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">22500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature STEVE REITER

[Electronically Filed]

Date

MM / DD / YYYY
08 / 26 / 2014

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 PAGE 2 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00563064 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee ccAdvertising		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>24</div><div>2014</div></div>	
Mailing Address 14001C Saint German Dr Ste 353		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1071.42</div>	
City Centerville	State VA	Zip Code 20121	Transaction ID : SE.4547
Purpose of Expenditure Voter ID Call Centers	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>12</div><div>2014</div></div>	
Name of Federal Candidate TERRI LYNN LAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee ccAdvertising		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>24</div><div>2014</div></div>	
Mailing Address 14001C Saint German Dr Ste 353		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">43428.58</div>	
City Centerville	State VA	Zip Code 20121	Transaction ID : SE.4548
Purpose of Expenditure Voter ID Call Centers	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>08</div><div>12</div><div>2014</div></div>	
Name of Federal Candidate TERRI LYNN LAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">44500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

STEVE REITER

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Date

 MM / DD / YYYY

08

26

2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Newburgh/Six Mile Limited Partnership II		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014
Mailing Address 17800 Laurel Park Dr N Ste 200C		Amount 1500.00
City Livonia	State MI	Zip Code 48152
Purpose of Expenditure Office Space Rental	Category/ Type	Transaction ID : SE.4544 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TERRI LYNN LAND	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 16500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Political Network		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014
Mailing Address 225 East 85th St Ste 306		Amount 4503.51
City New York	State NY	Zip Code 10028
Purpose of Expenditure Telecommunications Equipment Rental	Category/ Type	Transaction ID : SE.4549 Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014
Name of Federal Candidate TERRI LYNN LAND	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 65503.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6003.51
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	73003.51

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